

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 186

STATE FILE NUMBER

=63-010775

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 1 1963

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 6 days	c. CITY OR TOWN Oak Ridge
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E. Mo. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1
3. NAME OF DECEASED (Type or print) First Benjamin Middle A. Last Whitener		4. DATE OF DEATH Month March Day 25 Year 1963	
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/20/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) Oak Ridge, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Simon Whitener		13b. MOTHER'S MAIDEN NAME Martha Shaner	
14. NAME OF HUSBAND OR WIFE Essie Whitener		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Essie Whitener, R.1, Oak Ridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 18 hrs ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lobar pneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] s.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from 7-10-61 to 3-25-63 and last saw her him alive on 3-24-63 Death occurred at 10:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. H. Jaeger MD		22b. ADDRESS Jackson, Mo.	
22c. DATE SIGNED 3-28-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 3/31/63		23c. NAME OF CEMETERY OR CREMATORY A.M.E. Church Cemetery	
23d. LOCATION (City, town, or county) Old Appleton, Missouri		(State)	
24. FUNERAL DIRECTOR L. R. Sparks		25. DATE RECD. BY LOCAL REG. 3-30-63	
ADDRESS Cape Girardeau, Mo.		26. REGISTRAR'S SIGNATURE Gene Kasten	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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APR 9 1963

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James A Carter

Licensed Embalmer No.

4681

P. O. Address

C. Villano

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.